

DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, CA 95814



April 21, 1983

ALL-COUNTY LETTER NO. 83-35

TO: ALL COUNTY WELFARE DIRECTORS

SUBJECT: MORENO V. PROD -- AFDC

REFERENCE: ALL-COUNTY LETTER NO. 83-34

As you were informed in All-County Letter No. 83-34, a preliminary and permanent injunction was issued March 25, 1983, in the case of Moreno v. Prod. A description of the court case and injunction were provided in that letter and a copy of the court order was attached.

This letter is to provide instructions to the counties on how to implement items 2 and 3 of the court order. It also transmits the forms required by item 1 of the order. These forms are:

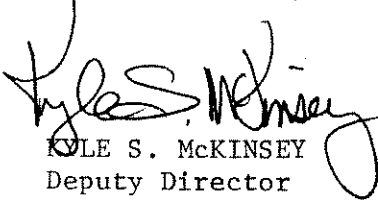
- Attachment I - Notice of Action (NA 222, EA State-only AFDC-U -- Approval, Federal AFDC -- Denial)
- Attachment II - Notice of Action -- Continued (NA 273, Cash Aid - Continuation -- Denial of Federal AFDC)
- Attachment III - General Notice (TEMP 1560), with the NA Back 2, Cash Aid/FS

New cases approved for Emergency Assistance which will convert to State-only AFDC-U and new cases approved for State-only AFDC-U: The Department has prepared a new Notice of Action (NA 222, Attachment I) which replaces the NA 201. To explain the reasons a family was denied federal AFDC, the Notice of Action -- Continued (NA 273, Attachment II) has been developed and must be sent with each NA 222. The NA 222 and NA 273 shall be sent to every case approved for Emergency Assistance which will convert to State-only AFDC-U benefits. Do not use the NA 201 for these cases. However, you may continue to use the NA 201 to approve cases for Emergency Assistance which will convert to Federal AFDC.

Cases currently receiving State-only AFDC-U and cases currently receiving Emergency Assistance which will convert to State-only AFDC-U: The Department has developed the General Notice (Attachment III). The current Notice of Action Back (NA Back 2, Cash Aid/FS) must be reproduced on the reverse side of the General Notice as shown on Attachment III. A completed NA 273 shall be attached as page 2 of this General Notice (TEMP 1560) and sent to each current State-only AFDC-U case and each current Emergency Assistance case which will convert to State-only AFDC-U. This shall be accomplished as soon as administratively possible. The recipients have the right to request a State Hearing within ninety (90) days of receipt of this notice. However, aid cannot be paid pending the State Hearing beyond the recipients' eligibility period for State-only AFDC-U.

Reproducible copies of the Notice of Action (NA 222), the Notice of Action -- Continued (NA 273) and the General Notice (TEMP 1560) are attached for your use. Spanish versions of these forms will be mailed to you in approximately three weeks. You will be notified through the standard GEN 127 process when printed supplies of the NA 222 and NA 273 are available from the DSS Warehouse. (The TEMP 1560 will not be stocked.)

If you have any questions, please contact your AFDC Program Management Consultant at (916) 445-4458.


KYLE S. MCKINSEY
Deputy Director

Attachments

Notice of Action

If you have questions or want more information about this action, please contact your worker.

Case Name :
Case Number :
Worker :
Phone :
Date :

Denial of Aid Under the Federal Aid to Families with Dependent Children Program. You are not eligible for Federal AFDC, which has no time limit. See Page 2 for an explanation of this denial.

Approval of Time Limited Aid under other Program(s). A monthly aid payment of \$_____ is approved for the period _____ until _____. Your first month's aid is \$_____. It covers the period from _____ to _____. You are being aided under the program(s) checked below:

- ☐ **Emergency Assistance Program.** Under this program, families can receive aid for one period of up to 30 days in any 12-month period. Your eligibility period under this program begins on _____ and ends on _____.
- ☐ **State-only AFDC-U Program.** Under this program, families can receive aid for up to 3 months in any 12-month period. Unless your family circumstances change, your eligibility period under this program **BEGINS** on _____ and **ENDS, without further notice,** on _____, and your last month's aid payment will be \$_____. (When this aid ends you may be eligible to receive General Assistance. You may apply for General Assistance at the County Welfare Department.)

Comments.

Computation of Monthly Aid Payment

Maximum Aid Payment for _____ Persons
Special Needs (specify) _____ + _____

Net Non-exempt Income
Total Grant = _____
Overpayment Adjustment (see page _____) - _____
Monthly Aid Payment = _____

Net Nonexempt Income Computation

	Name	Name	Name
Total Earned Income			
Inc. Tax, Soc. Sec. and Disabl. Ins. -			
Standard Work Expense Disregard -			
Dependent Care Expense Disregard -			
Disregard: \$30			
Subtotal			
Disregard: 1/3 of Subtotal			
Other Countable Income:			
.....			
Court Ordered Child/Spousal Support Paid -			
● Net Nonexempt Income			
or ● Net Nonexempt Income Total (columns 1 + 2 + 3)			

Regulations. This action is required by State regulations which are available for review at the county welfare department: Manual of Policies and Procedures (MPP) Section(s) 41-401, 41-440.12, 41-440.49, 41-500.

Family Planning Services. Information is available from the County Welfare Department on request.

State Hearing. If you are dissatisfied with this action, you may request a State Hearing within 90 days of the mailing date of this notice or before the end of your eligibility period, whichever is later. Read the back for important information about your right to appeal this action.

Your Right to Appeal This Action

If you are dissatisfied with the action described on the other side, or any other county action, you may request a state hearing before a Hearing Officer of the State Department of Social Services. This hearing will be conducted in an informal manner to assure that everyone present is able to speak freely. Your county or adoption worker can help you request a hearing. If you decide to request a hearing you must do so WITHIN 90 DAYS OF THE MAILING DATE OF THIS NOTICE.

FOOD STAMPS† AND CASH AID: If this action stops or reduces your food stamps or cash aid and you ask for a hearing before the effective date of the action, your benefits may continue unchanged under certain circumstances until the hearing or until you receive your hearing decision. Food Stamps will not continue past the end of your current certification period.

Authorized Representative

You can represent yourself at the state hearing. You can also be represented by a friend, attorney or any other person, but you are expected to arrange for the representative yourself. You can get help in locating free legal assistance by calling the toll-free number of Public Inquiry and Response.

How to Request a State Hearing

The best way to request a hearing is to fill in and send this entire notice to:

Office of the Chief Referee
State Department of Social Services
744 P Street, Mail Station 6-100
Sacramento, CA 95814

You may also request a hearing by calling the toll-free number of Public Inquiry and Response.

Public Inquiry and Response (Public Information)

Toll-Free Number: (800) 952-5253*

For the Deaf Only TDD (800) 952-8349*

*You may have to dial "1" first.

The State Public Inquiry and Response Unit can provide you with further information about your hearing rights or files or other welfare-related matters. Assistance is also available in some languages other than English, including Spanish. You may phone, write or come in.

Public Inquiry and Response
State Department of Social Services
744 P Street, Mail Station 16-23
Sacramento, CA 95814

Request for a State Hearing

Name	Phone number ()		
Address	City	State	Zip Code

I am requesting a state hearing because of an action by the welfare department of _____ county related

to my family's: ☐ Cash Aid ☐ Food Stamps ☐ Medi-Cal ☐ Adoption Assistance Program Payments

Reasons for my request:

☐ I speak a language other than English and need an interpreter for my hearing. (The state will provide the interpreter at no cost to you.)

Language _____ Dialect _____

†Food Stamps: If any portion of food stamps provided to you while awaiting the hearing decision is determined to be an overissuance, the county may recover the value of the overissuance. If you want to avoid the possibility of such an overissuance, you may check the box below:

☐ I want my food stamps terminated or reduced to the new amount determined by the county until the hearing decision. If the hearing decision is in my favor, the county will make up the food stamps I lose as a result of checking this box.

Signature _____

Date _____

The information you provide on this form is needed to process your request for a hearing, and processing may be delayed if your request is incomplete. A case file will be set up by the Chief Referee. You have a right to examine the materials that make up the file and may

do so by contacting Public Inquiry and Response. Any information you provide may be shared with the county welfare department, with the U.S. Department of Health and Human Services, or the U.S. Department of Agriculture. Authority W&IC 10950.

Notice of Action - Continued

Case Name :
Case Number :
Date of Notice :

Explanation of Denial of Aid Under the Federal AFDC Program

According to your application and our records, you are not eligible for Federal AFDC.

You do not qualify for Federal AFDC because:

1. Both parents are in the home.
2. Neither parent in your home is unable to work or provide care to your child(ren) for at least thirty days because of a physical or mental incapacity.
3. The principal earner in your home is not federally eligible. _____
is the principal earner because he or she earned the most within the past 24 months.

To be eligible for Federal AFDC under number 3 the principal earner must qualify under either A or B below:

- A. The principal earner must have been eligible to receive state Unemployment Insurance Benefits (UIB) in the past 12 months, or
- B. The principal earner must have earned at least \$50 (in cash or in-kind) in at least six calendar quarters. To be eligible he or she needs 6 quarters of work or training out of 13 quarters in a row.

Any quarter in which the principal earner spent at least five days training in the Work Incentive Program (WIN) or the Community Work Experience Program (CWEP) counts.

Any quarter in which the principal earner worked and received benefits worth at least \$50 counts towards federal eligibility. Also, any work, including "odd jobs" such as mowing lawns or babysitting, counts. **It does not matter if he or she was not paid in check or cash.** For example, he or she may have received food, a room, clothing or something else worth at least \$50 during the entire three-month period in exchange for work.

If the principal earner is a refugee, and worked before coming to the United States, or worked in a refugee camp, the work may count towards federal eligibility.

Our records show the following quarters of work or training. The quarter in which you apply does not count. The principal earner in your family is missing _____ quarters.

YEAR	19 ____				19 ____				19 ____				19 ____				19 ____			
QUARTER	JAN MAR	APR JUN	JUL SEP	OCT DEC	JAN MAR	APR JUN	JUL SEP	OCT DEC	JAN MAR	APR JUN	JUL SEP	OCT DEC	JAN MAR	APR JUN	JUL SEP	OCT DEC	JAN MAR	APR JUN	JUL SEP	OCT DEC
DATE OF APPLICATION																				
EARNINGS																				
TRAINING																				

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Address	City State Zip Code

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GENERAL NOTICE

You are currently receiving Emergency Assistance or State-only AFDC-U benefits which will be terminated at the end of your eligibility period.

The Court in **Moreno v. Prod**, No. 88428-6 (Alameda County Superior Court), decided that the initial notice which you received was constitutionally inadequate because it did not give you enough information for you to decide whether you should have requested a state hearing on the denial of Federal AFDC, which has no time limit.

The Notice of Action -- Continued (NA 273) which is attached provides this information concerning your case. If you think you may be eligible for Federal AFDC, you should contact your county welfare department for further information. You may also get help from your local Legal Aid or CRLA office. You can get help in locating free legal assistance by calling the toll free number: (800) 952-5253. (You may have to dial "1" first.)

If you believe you have been wrongly denied Federal AFDC, you may request a state hearing within 90 days of the mailing date of this notice. This notice or a request for a state hearing concerning this notice will not affect your State-only AFDC-U. You will continue to receive State-only AFDC-U until your eligibility period ends.